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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

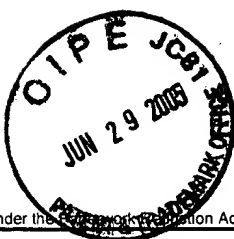
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

|   |  |                          |                        |                     |               |
|---|--|--------------------------|------------------------|---------------------|---------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                        |                     |               |
|   |  | Application Number       | 09/624,013-Conf. #4603 |                     |               |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date              | 7-21-2005              |                     |               |
|   |  | First Named Inventor     | Torben JESPERSEN       |                     |               |
|   |  | Examiner Name            | A. K. Moorthy          |                     |               |
|   |  | Art Unit                 | 2131                   |                     |               |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | 510.00                 | Attorney Docket No. | 5180-0101PUS1 |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: 02-2448   |
| Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

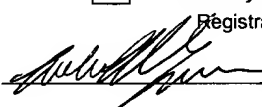
|   |                     |   |                      |                              |                                  |                              |                              |
|---|---------------------|---|----------------------|------------------------------|----------------------------------|------------------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                              |                                  |                              |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                              |                                  |                              |                              |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                              | <b>EXAMINATION FEES</b>          |                              |                              |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>      | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b>        |
| Utility   | 300                 | 150   | 500                  | 250                          | 200                              | 100                          |                              |
| Design  | 200                 | 100   | 100                  | 50                           | 130                              | 65                           |                              |
| Plant   | 200                 | 100   | 300                  | 150                          | 160                              | 80                           |                              |
| Reissue   | 300                 | 150   | 500                  | 250                          | 600                              | 300                          |                              |
| Provisional   | 200                 | 100   | 0                    | 0                            | 0                                | 0                            |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                              |                                  |                              |                              |
|   |                     |   |                      |                              |                                  | <b>Fee (\$)</b>              | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)   |                     |   |                      |                              |                                  | 50                           | 25                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                              |                                  | 200                          | 100                          |
| Multiple dependent claims   |                     |   |                      |                              |                                  | 360                          | 180                          |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                              | <b>Multiple Dependent Claims</b> |                              |                              |
| 27  | - 47 =              | x   |                      |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                              |
|   |                     |   |                      |                              |                                  |                              |                              |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                              |                                  |                              |                              |
| 1   | - 6 =               | x   |                      |                              |                                  |                              |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                              |                                  |                              |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                              |                                  |                              |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>             |                              |                              |
|   | - 100 =             | /50 (round up to a whole number) x                      |                      |                              |                                  |                              |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                              |                                  |                              |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                              |                                  | <b>Fees Paid (\$)</b>        |                              |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month   |                     |   |                      |                              |                                  | 510.00                       |                              |

|                     |                    |                                   |                |
|---------------------|--------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                    |                                   |                |
| Signature           |                    | Registration No. (Attorney/Agent) | 32,334         |
| Name (Print/Type)   | Joe McKinney Muncy | Telephone                         | (703) 205-8000 |
|                     | ROBERT F GAUSE     | Date                              | June 29, 2005  |
|                     | 27291              |                                   |                |



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PTO/SB/22 (12-04)  
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|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>5180-0101PUS1 |                         |
| Application Number<br>09/624,013-Conf. #4603  |   | Filed<br>7-21-2000                        |                         |
| For A METHOD FOR PERFORMING A TRANSACTION OVER A NETWORK  |   |   |                         |
| Art Unit<br>2131  |   | Examiner<br>A. K. Moorthy                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120                                     | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450                                     | \$225                   |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1020                                    | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590                                    | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160                                    | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 32,334 2720   |   |   |                         |
|    |   | June 29, 2005                             |                         |
| Signature   |   | Date                                      |                         |
| Joe McKinney Muncy  |   | (703) 205-8000                            |                         |
| Typed or printed name   |   | Telephone Number                          |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.  |   |   |                         |

06/30/2005 SDENBOB1 00000068 09624013

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